

## **APPENDIX 5**

FOR IMMEDIATE RELEASE  
July 27, 2005

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## **Top Medical Doctors, Scientists & Specialists Urge Major Media Outlets Not to Create “Meth Baby” Myth**

### **Signatories from Leading Hospitals and Research Institutes In US and Abroad Agree That Term Lacks Scientific Basis as Does the Claim That Treatment Does Not Work**

#### **Letter Sent to CBS National News, Minneapolis Star Tribune, New York Times, Los Angeles Times. Chicago Tribune, Sunday Oklahoman and Other Media Perpetuating Such Myths**

On July 25, 2005 more than 90 leading medical doctors, scientists, psychological researchers and treatment specialists released a public letter calling on the media to stop the use of such terms as “ice babies” and “meth babies.” This prestigious group agrees that these terms lack scientific validity and should not be used.

Motivated by news coverage using alarmist and unjustified labels and new legislative proposals suggesting punishment rather than treatment, these leading doctors, researchers, and specialists collaborated to write a consensus statement requesting that media coverage of the subject and legislative proposals addressing it be “based on science not presumption or prejudice.”

Members of the consensus group agree “The use of stigmatizing terms, such as ‘ice babies’ and ‘meth babies’ lack scientific validity” and that the use of “such labels harms the children to which they are applied” by “lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to policies that ignore factors, including poverty, that may play a much more significant role in their lives. Members also agree that “the suggestion that treatment will not work for people dependent upon methamphetamines, particularly mothers, also lacks any scientific basis.”

The letter calls on the media to stop the use of pejorative terms and also urges the media to stop its practice of relying on people who lack scientific experience or expertise for their information about the effects of prenatal exposure to methamphetamine and about the efficacy of treatment.

The full text of this letter with a complete list of signatories is attached. It is also available at:  
<http://www.jointogether.org/y/0,2521,577769,00.html>

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Those interested in Methamphetamine issues can also learn more at the First National Methamphetamine, HIV and Hepatitis Conference, *Science and Response in 2005*, August 19th and 20th, 2005 in Salt Lake City,  
<http://www.harmredux.org/conference2005.html>

Date: July 27, 2005

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To Whom It May Concern:

As medical and psychological researchers, with many years of experience studying prenatal exposure to psychoactive substances, and as medical researchers, treatment providers and specialists with many years of experience studying addictions and addiction treatment, we are writing to request that policies addressing prenatal exposure to methamphetamines and media coverage of this issue be based on science, not presumption or prejudice.

The use of stigmatizing terms, such as “ice babies” and “meth babies,” lack scientific validity and should not be used. Experience with similar labels applied to children exposed parentally to cocaine demonstrates that such labels harm the children to which they are applied, lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to policies that ignore factors, including poverty, that may play a much more significant role in their lives. The suggestion that treatment will not work for people dependant upon methamphetamines, particularly mothers, also lacks any scientific basis.

Despite the lack of a medical or scientific basis for the use of such terms as “ice” and “meth” babies, these pejorative and stigmatizing labels are increasingly being used in the popular media, in a wide variety of contexts across the country. Even when articles themselves acknowledge that the effects of prenatal exposure to methamphetamine are still unknown, headlines across the country are using alarmist and unjustified labels such as “meth babies.”

Just a few examples come from both local and national media:

- CBS NATIONAL NEWS, “Generation of Meth Babies” (April 28, 2005) at CBSNews.com
- ARKANSAS NEWS BUREAU, Doug Thompson, “Meth Baby Bill Survives Amendment Vote” (Mar. 5, 2005)
- CHICAGO TRIBUNE, Judith Graham, “Only Future Will Tell Full Damage Speed Wreaks on Kids” (“At birth, meth babies are like ‘dishrags’”) (Mar. 7, 2004)
- THE LOS ANGELES TIMES, Lance Pugmire, “Meth Baby Murder Trial Winds Up” (Sept.5. 2003 at B3)
- THE SUNDAY OKLAHOMAN, “Meth Babies” (Oklahoma City, OK; May 23, 2004 at 8A)
- APBNEWS.COM, “Meth Infants Called the New “Crack Babies” (June 23, 2000).

Other examples include an article about methamphetamine use in the MINNEAPOLIS STAR TRIBUNE that lists a litany of medical problems allegedly caused by methamphetamine use during pregnancy, using sensationalized language that appears intended to shock and appall rather than inform, “...babies can be born with missing and misplaced body parts. She heard of a meth baby born with an arm growing out of the neck and another who was missing a femur.” Sarah McCann, “Meth ravages lives in northern counties” (Nov. 17, 2004 at N1). In May, one Fox News station warned that “meth babies” “could make the crack baby look like a walk in the nursery.” Cited in “The Damage Done: Crack Babies Talk Back,” Mariah Blake, COLUMBIA JOURNALISM REVIEW Oct/Nov 2004.

Although research on the medical and developmental effects of prenatal methamphetamine exposure is still in its early stages, our experience with almost 20 years of research on the chemically related drug, cocaine, has not identified a recognizable condition, syndrome or disorder that should be termed “crack baby” nor found the degree of harm reported in the media and then used to justify numerous punitive legislative proposals.

The term “meth addicted baby” is no less defensible. Addiction is a technical term that refers to compulsive behavior that continues in spite of adverse consequences. By definition, babies cannot be “addicted” to methamphetamines or anything else. The news media continues to ignore this fact.

- A CNN report was aired repeatedly over the span of a month, showing a picture of a baby who had allegedly been exposed to methamphetamines prenatally and stating: “This is what a meth baby looks like, premature, hooked on meth and suffering the pangs of withdrawal. They don’t want to eat or sleep and the simplest things cause great pain.” CNN, “The Methamphetamine Epidemic in the United States,” Randi Kaye. (Aired Feb. 3, 2005 – Mar. 10 2005).
- One local National Public Radio station claims that “In one Minnesota County, there is a baby born addicted to meth each week.” (Found at [http://news.minnesota.publicradio.org/features/2004/06/14\\_hetlandc\\_methfostercare/](http://news.minnesota.publicradio.org/features/2004/06/14_hetlandc_methfostercare/) from June 14, 2004).

In utero physiologic dependence on opiates (not addiction), known as Neonatal Narcotic Abstinence Syndrome, is readily diagnosable and treatable, but no such symptoms have been found to occur following prenatal cocaine or methamphetamine exposure.

Similarly, claims that methamphetamine users are virtually untreatable with small recovery rates lack foundation in medical research. Analysis of dropout, retention in treatment and re-incarceration rates and other measures of outcome, in several recent studies indicate that methamphetamine users respond in an equivalent manner as individuals admitted for other drug abuse problems. Research also suggests the need to improve and expand treatment offered to methamphetamine users.

Too often, media and policymakers rely on people who lack any scientific experience or expertise for their information about the effects of prenatal exposure to methamphetamine and about the efficacy of treatment. For example, a NEW YORK TIMES story about methamphetamine labs and children relies on a law enforcement official rather than a medical expert to describe the effects of methamphetamine exposure on children. A police captain is quoted stating: “Meth makes crack look like child’s play, both in terms of what it does to the body and how hard it is to get off.” (Fox Butterfield, Home Drug-Making Laboratories Expose Children to Toxic Fallout, Feb 23, 2004 A1)

We are deeply disappointed that American and international media as well as some policy makers continue to use stigmatizing terms and unfounded assumptions that not only lack any scientific basis but also endanger and disenfranchise the children to whom these labels and claims are applied. Similarly, we are concerned that policies based on false assumptions will result in punitive civil and child welfare interventions that are harmful to women, children and families rather than in the ongoing research and improvement and provision of treatment services that are so clearly needed.

We would be happy to furnish additional information if requested or to send representatives to meet with policy advisors, staff or editorial boards to provide more detailed technical information. Please feel free to contact David C. Lewis, M.D., 401-444-1818, [David\\_Lewis@brown.edu](mailto:David_Lewis@brown.edu), Professor of Medicine and Community Health, Brown University, who has agreed to coordinate such requests on our behalf and who can provide you with contact information for the experts listed below in alphabetical order.

1. Lily Alvarez, Kern County Mental Health Behavioral Health System Administrator, Kern County Mental Health Department, Bakersfield, CA
2. M. Douglas Anglin, Ph.D., Professor in Residence, UCLA Integrated Substance Abuse Programs, Los Angeles, CA
3. Robert E. Arendt, Ph.D., Associate Professor of Pediatrics, Ohio State University, Grove City, OH
4. Robert L. Balster, Ph.D., Butler Professor of Pharmacology and Toxicology; Director, Institute for Drug and Alcohol Studies, Virginia Commonwealth University, Richmond, VA
5. Marjorie Beeghly, Ph.D., Assistant Professor of Pediatrics, Harvard Medical School & Senior Research Associate, Children’s Hospital- Boston, Child Development Unit, Boston, MA
6. Marylou Behnke, M.D., Professor, Department of Pediatrics, University of Florida, College of Medicine, Gainesville, FL
7. Adam Bisaga, M.D., Research Psychiatrist, Columbia University & Addiction Psychiatrist, New York State Psychiatric Institute, New York, NY
8. Maureen Black, Ph.D., Professor, Department of Pediatrics, University of Maryland Hospital for Children, Baltimore, MD
9. Susan Blacksher, Executive Director, California Association of Addiction Recovery Resources, Sacramento, CA
10. Elizabeth R. Brown, M.D., Director of Neonatology & Associate Professor of Pediatrics, Boston University School of Medicine & Boston Medical Center, Boston, MA
11. Theresa L. Cannon, Executive Vice President, Behavioral Health Services, Inc., Gardena, CA

12. Wendy Chavkin, M.D., M.P.H., Professor of Clinical Public Health and Obstetrics and Gynecology, Mailman School of Public Health & College of Physicians and Surgeons, Columbia University, New York, NY
13. Claire D. Coles, Ph.D., Professor, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine & Director, Fetal Alcohol Center, Marcus Institute, a Division of the Kennedy Krieger Institute at Emory University, Atlanta, GA
14. Jay Davidson, L.C.S.W., C.A.D.C., President and CEO, The Healing Place, Louisville, KY
15. Nancy Day, Ph.D., Professor of Psychiatry and Epidemiology, University of Pittsburgh School of Medicine, Pittsburgh, PA
16. Eric Denner, Licensed Marriage and Family Therapist, San Francisco General Hospital Trauma Recovery Center, San Francisco, CA
17. Chris Derauf, M.D., Associate Professor of Pediatrics, University of Hawaii School of Medicine, Honolulu, HI
18. Christine Dickinson, Chemical Dependency Specialist and Proposition 36 Coordinator, Tarzana Treatment Centers, Northridge, CA
19. Fonda Davis Eyler, Ph.D., Professor of Pediatrics, University of Florida Health Science Center, Gainesville, FL
20. Jennifer Feiock, Program Director, Alcohol Drug Council, High Gain Project, Santa Monica, CA
21. Gabriele Fischer, Ph.D., Professor, Medical University of Vienna, Department of Psychiatry, Drug Addiction Clinic, Vienna, Austria
22. Deborah A. Frank, M.D., Professor of Pediatrics, Boston University, School of Medicine, Boston, MA
23. Peter Fried, Ph.D., Professor, Department of Psychology, Carleton University, Ottawa, Ontario, Canada
24. Judith M. Gardner, Ph.D., High Risk Infant Development Follow-up Program, New York State Institute for Basic Research in Developmental Disabilities, New York, NY
25. Jim Gilmore, Director of Residential/Outpatient Services, Behavioral Health Services, Inc., Gardena, CA
26. Penny Grant, M.D., Associate Professor of Pediatrics, University of Oklahoma Health Sciences Center, Tulsa, OK
27. John Timothy Gray, M.A., Alcohol and Drug Corrections Specialist, Communicare, Inc., Elizabethtown, KY
28. Christine Grella, Ph.D., Research Psychologist, UCLA Integrated Substance Abuse Programs, Los Angeles, CA
29. Irina Gromov, M.D., Ph.D., Medical Director, Matrix Alliance Recovery Systems, Dallas, TX
30. John H. Hannigan, Ph.D., Professor of Obstetrics, Psychology and Cellular and Clinical Neurobiology, Wayne State University, C.S. Mott Center for Human Growth and Development, Detroit, MI
31. Wm. Frees Haning, III, M.D., FASAM, Director of Addiction Psychiatry/Addiction Medicine Program & Associate Dean for Graduate Affairs, University of Hawaii, John A. Burns School of Medicine, Honolulu, HI
32. Nancy Haug, Ph.D., Assistant Professor, San Francisco General Hospital, San Francisco, CA
33. Lance R. Heffer, Psy.D., Mental Health Director, Special Programs, Communicare, Inc., Elizabethtown, KY
34. Brandon Hurley, M.P.H., Prevention Specialist, Bluegrass Prevention Center, Lexington, KY
35. Hallam Hurt, M.D., Associate Professor of Pediatrics, Neonatology, Department of Pediatrics, University of Pennsylvania School of Medicine, Children's Hospital of Philadelphia, Philadelphia, PA
36. Joseph L. Jacobson, Ph.D., Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University, School of Medicine, Detroit, MI
37. Sandra W. Jacobson, Ph.D., Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University, School of Medicine, Detroit, MI
38. Karol Kaltenbach, Ph.D., Director, Maternal Addiction Treatment Education and Research, Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA
39. Jonathan Kamien, Ph.D., Research Scientist, Friends Research Institute, Los Angeles, CA
40. Stephen R. Kandall, M.D., F.A.A.P., Professor of Pediatrics, Emeritus, Albert Einstein College of Medicine, Raleigh, NC
41. Bernard Z. Karmel, Ph.D., Infant Development, New York State Institute for Basic Research in Developmental Disabilities, New York, NY
42. Elizabeth C. Katz, Ph.D., Research Scientist, Friends Social Research Center, Baltimore, MD
43. Dennis Kenmore, Program Coordinator & Instructor, Alcohol Drug Council, Santa Monica, CA
44. Jane A. Kennedy, D.O., Associate Clinical Professor of Psychiatry, University of Colorado Medical School, Denver, CO
45. John R. Knight, M.D., Associate Professor of Pediatrics, Harvard Medical School & Director, Center for Adolescent Substance Abuse Research, Children's Hospital, Boston, MA
46. Gideon Koren, M.D., F.R.C.P.C., Professor of Pediatrics, Pharmacology, Pharmacy, Medicine, and Medical Genetics, University of Toronto; Senior Scientist, The Hospital for Sick Children, Clinical Pharmacology Department; Director, Motherisk Program, The Ivey Chair in Molecular Toxicology, University of Western Ontario, Canada
47. Thomas Kosten, M.D., Professor of Psychiatry and Medicine, Yale School of Medicine, West Haven, CT
48. Donald J. Kurth, M.D., FASAM, President, California Society of Addiction Medicine, Alta Loma, CA
49. Linda LaGasse, Ph.D., Assistant Professor of Pediatrics, Brown University, Providence, RI
50. Barry Lester, Ph.D., Professor of Psychiatry and Pediatrics, Brown Medical School, Director, Infant Development Center, Providence, RI
51. Joreen Long, Deputy Director, Alcohol Drug Council, High Gain Project, Santa Monica, CA
52. Paul R. Marques, Ph.D., Senior Research Scientist, Pacific Institute for Research and Evaluation, Calverton, MD
53. Jane C. Maxwell, Ph.D., Research Professor, The University of Texas at Austin, Austin, TX

54. Linda Mayes, M.D., Arnold Gesell Professor, Child Psychiatry, Pediatrics, and Psychology, Yale Child Study Center, Yale University School of Medicine, New Haven, CT
55. Nena Messina, Ph.D., Associate Research Criminologist, UCLA Integrated Substance Abuse Programs, Los Angeles, CA
56. Jan Moffitt, Executive Director, Central Texas Council on Alcoholism and Drug Abuse, Harker Heights, TX
57. Connie E. Morrow, Ph.D., Research Associate Professor and Licensed Psychologist, Associate Director, Perinatal CARE Program, Department of Pediatrics, University of Miami, Coral Gables, FL
58. Debra A. Murphy, Ph.D., Research Psychologist, UCLA Department of Psychiatry, Los Angeles, CA
59. Michael A. Nader, Ph.D., Professor of Pharmacology, Wake Forest University, Winston-Salem, NC
60. Prasanna Nair, M.D., M.P.H., Professor of Pediatrics, University of Maryland School of Medicine, Baltimore, MD
61. Daniel R. Neuspiel, M.D., M.P.H., Associate Chairman of Pediatrics, Beth Israel Medical Center, New York, NY
62. Robert G. Newman, M.D., Director, The Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center, New York, NY
63. Noosha Niv, Ph.D., Post-Doctoral Fellow, National Institute on Drug Abuse, Los Angeles, CA
64. Judith Novgrod, Psy.D., Therapist, Matrix Institute of Addictions, Los Angeles, CA
65. Steven J. Ondersma, Ph.D., L.P. Assistant Professor, Wayne State University, Detroit, MI
66. Monica S. Paz, Research Associate Psychometrist, Los Angeles Biomedical Research Institute, Torrance, CA
67. Michael L. Prendergast, Ph.D., Director, Criminal Justice Research Group, UCLA Integrated Substance Abuse Programs, Los Angeles, CA
68. Barbara E. Ramlow, MA, Director, University of Kentucky Institute on Women and Substance Abuse, Center on Drug and Alcohol Research, Lexington, KY
69. Richard Rawson, Ph.D., Associate Director, UCLA Integrated Substance Abuse Programs, Neuropsychiatric Institute and Hospital, Los Angeles, CA
70. Laurence Re, HIV Prevention Counselor, UCLA Integrated Substance Abuse Programs, Los Angeles, CA
71. Cathy J. Reback, Ph.D., Director, Van Ness Recovery House, West Hollywood, CA
72. Gale A. Richardson, Ph.D., Associate Professor of Psychiatry and Epidemiology, University of Pittsburgh School of Medicine, Pittsburgh, PA
73. John D. Roache, Ph.D., Professor of Psychiatry, Chief of Alcohol and Drug Addiction Division, University of Texas Health Science Center at San Antonio, San Antonio, TX
74. Carrie Roberson, M.S. Instructor/ Director of Child Development Center, Butte College, Oroville, CA
75. Lucinda Sabo, Clinical Research Associate, Los Angeles Biomedical Research Institute, Torrance, CA
76. Jeffrey Samet, M.D., M.A., M.P.H., Professor of Medicine and Social and Behavioral Sciences, Boston Medical Center, Boston University School of Medicine and Public Health, Boston, MA
77. Sidney Schnoll, M.D., Ph.D., Clinical Professor of Internal Medicine and Psychiatry, Medical College of Virginia, Westport, CT
78. Garnet Sexton, B.S., C.A.D.C., University of Kentucky, Targeted Assessment Specialist, Hazard, KY
79. Cheryl Powell Shook, M.S., C.A.D.C., Program Coordinator, Bridges Substance Abuse Recovery Program, Elizabethtown, KY
80. Sara Simon, Ph.D., Associate Research Psychologist, UCLA Neuropsychiatric Institute, Los Angeles, CA
81. Lynn T. Singer, Ph.D., Professor of Pediatrics, Case Western Reserve University, Cleveland, OH
82. Lynne M. Smith, M.D., Associate Professor of Pediatrics, David Geffen School of Medicine at UCLA, Torrance, CA
83. Carol Stange, Prevention Services Coordinator, Prevention Research Institute, Lexington, KY
84. Catherine Stanger, Ph.D., Research Associate Professor of Psychiatry, University of Vermont, South Burlington, VT
85. Matthew A. Torrington, M.D., Clinical Research Physician and Addiction Medicine Specialist, Matrix Institute, West Los Angeles, CA
86. Anita Vermund, Ph.D., Service Chief II, County of Orange Health Care Agency, Orange, CA
87. Kristin Wheelan, CADC II, Substance Abuse Specialist, County of Kern, Mental Health Department, Bakersfield, CA
88. Jayne Wise, Executive Director, Alcohol Drug Council, High Gain Project, Santa Monica, CA
89. George Woody, M.D., Professor, Department of Psychiatry, University of Pennsylvania & Clinical Trials Network, Treatment Research Institute, Philadelphia, PA
90. Trecia Wouldes, Ph.D., Lecturer, University of Auckland, Faculty of Medical & Health Sciences, Auckland, New Zealand
91. Kay H. Yanit, R.N., M.C.C., Maternity Case Manager, McKenzie Willamette Medical Center, Women's Health and Birth Center, Eugene, OR
92. Nancy K. Young, Ph.D., Executive Director, Children and Family Futures, Irvine, CA